



TESTIMONY

Delivered by Tracy Wodatch, President and CEO
The Connecticut Association for Healthcare at Home

Before the Public Health Committee

**HB 5481 AN ACT CONCERNING THE DEPARTMENT OF
PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CHANGE OF
OWNERSHIP IN HEALTH CARE FACILITIES
HB 5485 AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC
HEALTH STATUTES**

March 21, 2022

Senator Anwar, Representative Steinberg and distinguished members of the Public Health Committee, my name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I am also an RN with nearly 40 years' experience in home health, hospice, long-term and acute care.

The CT Association for Healthcare at Home is the united voice for our licensed home health and hospice agencies as well as several non-medical Homemaker-Companion Agencies. Together, our members provide services that foster cost-effective home care for Connecticut's residents in the setting they prefer most – their own homes.

I'd like to testify today on HB 5481 and HB 5485.

While we support the concept **HB 5481 AAC the DPH Recommendations Regarding Change of Ownership in Health Care Facilities** to restrict the ownership of healthcare facilities by unscrupulous people, we are concerned about the breadth of the requirements and the strict decision making that does not provide the Commissioner of Public Health with an appropriate level of discretion to do an independent evaluation, rather than a blanket denial. It is essential that we all work together to develop a system that allows DPH all the necessary information to make an informed



decision, but also balances that with a need to develop a process that will not put unnecessary hurdles in the way of appropriate ownership of healthcare facilities.

Regarding **HB 5485 AAC Various Revisions to the Public Health Statutes**, we oppose the proposed change to the definition of “Assisted Living Services Agency” (lines 215 to 219) which adds those “in need of supportive end-of-life care” to the current chronic and stable definition. This change impacts just one ALSA in the state CT, the Fairfield County House.

We recognize Fairfield County House (FCH) as a good EOL option and model in CT--They require a DPH license that is currently under an ALSA as the closest fit but it's not a perfect fit. They also contract with multiple hospice providers in the area that coordinate with them to provide expert hospice services. They are not licensed as a hospice provider and I don't believe they have any intent to do so. They plan to continue to utilize our providers through contract.

Rather than change the definition of an ALSA for just one provider, we encourage Fairfield County House to apply for a waiver that requests an amendment to their particular ALSA definition to include “or in need of supportive EOL care.” If their model with a waiver proves to be a solid model, then perhaps DPH can consider a future amendment to the ALSA definition allowing for growth of such model. Or, perhaps a better idea...DPH can develop regulations that better suit this model while ensuring hospice providers are still used under contract or via the facility's own license as a hospice.

Thank you for considering our association's testimony. If you have any further questions, please contact me directly at Wodatch@cthealthcareathome.org or 203-774- 4940.